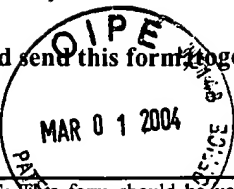


PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: Mail

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 Commissioner for Patents
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HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
 530 VIRGINIA ROAD
 P.O. BOX 9133
 CONCORD, MA 01742-9133

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Jeanine Busby (Depositor's name)

Jeanine Busby (Signature)

February 27, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/774,534	01/31/2001	Bing Chiang	2479.2028-000 (TAN00-18)	3250

TITLE OF INVENTION: ELECTRONIC PHASE SHIFTER WITH ENHANCED PHASE SHIFT PERFORMANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GLENN, KIMBERLY E	2817	333-156000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

InterDigital Communications Corp.

Melbourne, FL 32901

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ The Director is hereby authorized to charge any deficiencies to charge any deficiencies to charge the required fee(s), or credit any overpayment Deposit Account Number 08-0380 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)

Feb. 27, 2004

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01 FC:1501

1330.00 OP

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